

many years has been 6.7 per cent to 6.8 per cent. The New York hospitals reported a death rate for the whole state for the year ending 1910 of 6.8 per cent of the whole number treated. The percentage of recoveries in different institutions varies dependent upon the way in which it is figured ranging from 25 per cent to 40 per cent.

Very often patients leave the institution as improved, but, by keeping in touch with them, we frequently ascertain that they are in condition to be legally discharged as recovered, whereas if lost sight of they would be scheduled as improved only. In this connection I can commend the system inaugurated by the Board of Control of having parole agents look after the patients on parole. This is of immense benefit, not only to the patients but to the institution.

In caring for the insane of our state, every effort should be made to restore patients as quickly as possible to their normal condition and, failing in this, to properly care for those left under our charge. To divert patients' attention from themselves and get them interested in something which may start them on the road to recovery, we have employed two women whose duty it is to try and awaken the interest of all patients in something which will turn their attention into that channel which leads to recovery, or to make them efficient workers in the domestic economy of the institution. In this attempt patients are often changed from a restless, disturbed condition to one of quiet usefulness, and frequently, though not recovered, are able to live at home with their friends.

Something like forty patients have voluntarily committed themselves to this institution. While this is not a great number, the probabilities are that such commitments will increase as the law becomes better known.

THE SCHOOL FOR FEEBLE-MINDED AND COLONY FOR EPILEPTICS.

Dr. A. C. Rogers.

To find out exactly what has become of all who have ever gone out of the School for Feeble-Minded and Colony for Epileptics is a very difficult matter, on account of changes of residence and the fact that this particular investigation was not begun much earlier. Of course, our state agents are giving us very valuable information concerning those who have left during the last five or six years. Our records show that 999 have been dropped up to August 1st, 1914. Of about 49 per cent, 493, we have no data whatever. One hundred and seven of those who have gone out have since been returned to the institution for various reasons, usually because the parents have not, at the time of their going out, appreciated the fact that they could not support themselves or take care of themselves. Some parents, as they grow older, realize finally that the time will come when their child cannot be taken care of in his own home, and then more seriously ponder over the possibilities of the future, and want to know if the child can be returned to be taken care of as long as he lives.

Fifty-seven we find have died in their homes after leaving the institution.

There have been 57 cases that have been transferred or gone directly from home to other institutions.

One went to a private institution.

Three went to the Industrial School.

Forty-three developed insanity. Mostly epileptics.

Five were transferred to the School for the Deaf. We had one exceedingly interesting case, where the deafness of a girl had never been recognized by the parents. We soon discovered that the lack of hearing was the principal defect, and we had her transferred to the School for the Deaf. While she did not complete the course, I think she spent three years there, and went home and was married. I understand she is doing very nicely.

Four were transferred to Owatonna.

One was committed to the state prison.

There were 15 that were taken out of the institution under very strenuous protest on the part of the superintendent. Of those, 13 have furnished us no data whatever. There is an evident reason for that. A number of these were girls, and we immediately lost track of them, except two. One has since become insane and one out of the 15 is said to be doing well; that is, according to the reports of the friends.

There were 72 who removed to other states. Of the larger number of those, 52, we have learned nothing. Three are reported as self-supporting; 5 married; 2 have drifted to the poor farm; 5 have gone into other institutions for feeble-minded; 1 is in a convent; 1 is giving an immense amount of trouble; and 3 others are doing little light duties around home.

Sixty-six of those that have gone out, representing the brighter children, mostly boys (44 boys and 11 girls) are reported as self-supporting. Of

these 2 males and 9 females are married. Many of those are probably living in their homes and helping, the girls in the house and the boys on the farm, and in that way get along pretty well. Whether the amount of work they do is equivalent to self-support in every way is a question.

Some of those who have married, we have not been able to follow up. I think it is very desirable to connect up the antecedents of these particular children with the children who have been and will be born to these unions. We have some data on that, but it is not complete.

Thirty-five (in addition to those referred to) are reported as able to do the work required of them, but cannot take care of their money, etc.

There are 78 that are not reported as self-supporting by the agents and few correspondents that we have had, but are simply helping here and there.

Twenty-one are giving more or less trouble in their care, but their people still look after them in a way.

Thirty-two are reported as "doing well" by which is meant evidently from the context of reports, enjoying good health.

Seventeen have failed, becoming more and more helpless.

There were 3 out of this number that were discharged as not found to be feeble-minded.

There were 11 smaller children that were discharged to reattempt work in the public schools. They are reported as doing well, and in two or three instances we know the results are quite satisfactory.

That covers the statistical report, which needs considerable elaboration to be of very much value.

It must be borne in mind that this institution is fundamentally a community home for the mentally deficient. Those who go out after a period of training are obviously more useful to their people than they were before admission. On the other hand, the ultimate social significance of the unrestricted social freedom of the mental defective, even of the higher grade is not always taken into account by the parents and friends. I should therefore discount quite heavily the reports of "doing well" when viewed in the light of ultimate success. That many of the higher grades should be successful (possibly the 1 per cent of all accounted for, of those gone out) should be expected. The line between normal and defective is not always easily determined. If the institution, in addition to performing its most important function, can start even this small percentage on a successful life, otherwise denied them, it thereby deserves much credit. The writer feels, however, that it owes a special duty to the commonwealth to co-relate the family histories now in the making from the discharges from this institution, with the antecedents known and to be ascertained.

Dr. George Wm. Beach, State Sanatorium: When I received notice of the meeting and saw the title of the discussion I was somewhat puzzled whether we should give the results of each institution or the results of the treatment as they influenced the individual patients, but have now learned that it is the latter.

The State Sanatorium differs somewhat in its organization from the other state institutions. I think that we may say that most of these older

ones were constructed and maintained at the start for society. Society wished, for example, to put the insane where they would not be troublesome; the criminals where they would cease to be a danger or a nuisance to good citizens; the feeble-minded where they could be maintained more cheaply and humanely than in their homes. It would seem that another thought inspired the state care of the tuberculous; viz.: that the patients should be benefited. It was the belief that by caring for all the early cases of tuberculosis there would in a few years be no far advanced cases. This program has been of recent years singularly enlarged, for we now recognize that early cases rarely constitute a serious menace, and that the spread of the disease results from the neglect of patients in whom it is well advanced. Finally we have learned that incipency is not easily recognized, and that patients usually refuse to be treated at a stage when they are suffering neither pain nor inconvenience.

As Dr. Kilbourne said when speaking of the recoveries of the insane, so we must say with regard to the cure of consumption. We use the term "recovery" only in the sense of the patient's being able to return to ordinary living conditions. In the institution, therefore, we do not pretend to cure. We start the patient on the right road, teaching him how he may have some chance for improvement, and perhaps aid him in obtaining what we term an "economic recovery" after his discharge if he will hold fast to the Sanatorium teachings.

The education that a patient carries away with him comprises:

1. Something regarding his duty toward others in taking precautions not to spread infection. How well we succeed in this, it is impossible to say. I have had one or two letters from public health officers saying that it was frequent for patients to relapse, to become careless and even vicious, but a great many times I have heard of ex-patients spreading right ideas of practical hygiene and sanitation, both through example and precept.

2. The duties toward themselves in obtaining better living conditions. When a patient has learned how he became sick, why the implantation and development of this disease were possible, he frequently endeavors to create conditions for himself in the future that will be favorable to this economic recovery. For instance, patients who have been at the Sanatorium for several months refuse to sleep with closed windows. Those who are in sanatoriums have all windows open. I know that Dr. Kilbourne could not do that in his institution because he told me his patients would all jump out.

3. The duties of using their influence to obtain better living conditions for others with regard to housing, working hours, and that other important factor, a living wage. It may surprise you to know that tuberculous patients think of those matters, but their own experience as a rule has taught them that a breakdown results perhaps from bad housing, or from working long hours, and they often come for suggestions as to what they can do to help others upon leaving.

The important, treatment in every institution for tuberculosis is rest. This disease manifests itself nearly always by rise of temperature, and anything that causes an unusual fatigue either physically or mentally raises the temperature. When left to itself, such activity results in the invasion of lung tissue and other organs that were previously unaffected. This fever is caused by toxins or poisons produced by the disease. Generally speaking,